

TICKET RESELLERS LICENSE

Renewal Application

Description

No person shall engage in the business of reselling any ticket or tickets of admission or other evidence of right of entry to any theatrical exhibition, public show or public amusement or exhibition without being licensed therefor by the Commissioner of Public Safety.

Personal

Must complete Ticket Reseller Renewal Application

Must submit to a criminal records check

Applicant will be notified of additional requirements after application is received.

Fees

License is \$250.00 (Yearly)

Agency

Commonwealth of Massachusetts
Department of Public Safety
One Ashburton Place, Room 1301
Boston, MA 02108
(617) 727-3200 ext. 25230



MITT ROMNEY
Governor

Robert C Haas
Secretary

THOMAS G GATZUNIS P.E.
Commissioner

The Commonwealth of Massachusetts

Department of Public Safety

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

Phone (617) 727-3200

Fax (617) 727-5732

Renewal Application

APPLICATION FEES ARE NON-REFUNDABLE

Ticket Reseller fee \$250.00

Please provide a legible copy of a government issued identification (ex; drivers license) bearing your photograph.

Applicant Information:

Date: _____

Name _____

Residence _____
(Street/Number) (City/Town) (Zip Code) (Telephone No.)

Business Name _____

Business Address _____
(Street/Number) (City/Town) (Zip Code) (Telephone No.)

Date of Birth _____ Social Security Number _____

Mother's Full Maiden Name _____

Father's Full True Name _____

Please Complete the Following:

Have you registered your business name in accordance with C 110, S.5, Mass General Laws? _____

Are you engaged in representing an agency outside the Commonwealth _____ If so, give name and address of any such individual or outside agency.

I certify under the penalties of perjury that I have complied with all laws of the Commonwealth relating to taxes (chapter 62C, S.49A)

By: _____
Signature of Individual or Corporate Name Corporate Officer (if applicable)

Social Security Number of Individual

Federal Identification Number



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CORI REQUEST FORM

Massachusetts Department of Public Safety-Division of Regulated Activities has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant for the position of _____, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

APPLICANT SIGNATURE

DATE

APPLICANT INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ - _____ - _____

ADDRESS: _____

REQUESTED BY: _____

SIGNATURE OF CORI AUTHORIZED EMPLOYEE